When a patient identification code match between a pair of inpatient billing records has been obtained in processing step QQ1, the computer processor **1** executes processing step QQ3 to determine if the admission date from one inpatient billing record matches the discharge date from the other inpatient billing record in the matching pair. If a match between admission and discharge dates is found the computer processor **1** executes processing step CC to combine the matching pair of inpatient billing records for storage in the separate "exceptions" database on the processed medical billing record storage medium **4**. If the condition tested in processing step QQ3 is not fulfilled, the computer processor **1** proceeds to processing step QQ2 and follows the processing sequence described above from that point to continue comparing inpatient billing records.

The end result of the operations described for the alternative embodiment is that Medicare claims will be distinguished for future examination and possible reimbursement for inpatient admissions that fell on the same date as an inpatient discharge from another medical treatment provider facility. As in the preferred embodiment, the determination of whether reimbursement must be made for the distinguished claims will turn on whether the claims were "medically related" to the inpatient stay in accordance with Medicare billing policies. As in the preferred embodiment, this determination can be performed manually by claims processing personnel or it can be performed automatically by the medical billing record processing software in accordance with the method disclosed in U.S. Pat. No. 5,253,164.

As in the preferred embodiment, the alternate embodiment of the medical billing record processing software contains instructions for updating the exceptions database to indicate refund amounts and whether the refund was made to the payor of coinsurance or the payor of a deductible premium on a coinsurance policy supplementing the Medicare coverage. As in the preferred embodiment the processing software can either manually or automatically update the matching billing records to provide the refund information. As described above, an example of how this update could be performed automatically by the processing software is disclosed in U.S. Pat. No. 5,253,164. As in the preferred embodiment, these updates can be displayed along with all other information from the applicable exceptions database entry by use of the output display device **5**.

Finally as in the preferred embodiment, the alternate embodiment of the medical billing information processing software contains a set of instructions for generating and storing chronological information uniquely identifying each user of the software and the corresponding time of use for auditing purposes. As in the preferred embodiment, this information can be stored in the exceptions database on the processed medical billing record storage medium **4** and can also be displayed by use of the output display device **5**.

While presently preferred embodiments have been shown and described with particularity, it is to be understood that the invention may be otherwise embodied within the scope of the appended claims.

What is claimed is:

1. At least one set of computer-coded instructions stored on at least one first computer-readable storage medium for directing at least one computer processor to perform information processing on medical billing record information, comprising:

A. at least one set of instructions for receiving information from a plurality of input medical billing records wherein said input billing records are stored on at least one second computer-readable storage medium coded in a convertible form suitable for said processing wherein:

(i) each said input billing record contains a patient identification code unique to a single billed medical patient; and

(ii) each said input billing record contains either dates of medical inpatient admission and discharge or a date of medical outpatient service for said patient;

B. at least one set of instructions for processing information from said input medical billing records wherein:

(i) each said input billing record with dates of medical inpatient admission and discharge is compared to each said input billing record with a date of medical outpatient service to determine whether said patient identification codes match;

(ii) said input billing records with matching patient identification codes are further compared wherein:

(a) said matching billing records are distinguished if said outpatient service date is within a preselected time period prior to said inpatient admission date; or

(b) said matching billing records are distinguished if said outpatient service date falls between said inpatient admission date and said inpatient discharge date;

C. at least one set of instructions for storing converted information from said input medical billing records on at least one third computer-readable storage medium having a plurality of databases wherein:

(i) said input billing records containing dates of medical inpatient admission and discharge are stored in a first database;

(ii) said input billing records containing dates of medical outpatient service are stored in a second database; and

(iii) said distinguished matching billing records are combined for storage in a third database.

2. The computer-coded instructions of claim **1**, further comprising:

at least one set of instructions for updating said stored distinguished matching billing record information wherein:

(i) said distinguished matching billing records are updated to indicate whether said medical inpatient admission was medically related to said medical outpatient service; and

(ii) said distinguished matching billing records are updated to indicate whether a refund was generated for said medically related service.

3. The computer-coded instructions of claim **1**, wherein said preselected time period is 72 hours.

4. The computer-coded instructions of claim **2**, wherein said preselected time period is 72 hours.

5. The computer-coded instructions of claim **1**, wherein said preselected time period is 96 hours.

6. The computer-coded instructions of claim **2**, wherein said preselected time period is 96 hours.

7. The computer-coded instructions of claim **1**, further comprising at least one set of instructions for comparing said distinguished matching billing records to determine whether said medical inpatient admission was medically related to said medical outpatient service.

8. The computer-coded instructions of claim **2**, further comprising at least one set of instructions for comparing said distinguished matching billing records to determine whether said medical inpatient admission was medically related to said medical outpatient service.